

DHA CalWORKs Housing Support Program Referral	
Case Name	
Contact Information	
Date	
Date of Birth	Last 4 of Social Security Number
Instructions: <i>complete the appropriate sections and email to the DHA – HSP distribution list. Shelter staff should also send a signed Authorization to Release Information.</i>	
Originating Agency	
<p style="text-align: center;">Shelter</p> <p>Name of Shelter _____ Entry Date _____</p> <p>Shelter Contact</p> <p>Name _____</p> <p>Phone _____</p> <p>Comments _____</p> <p>_____</p>	